August, 2000

California Department of Mental Health

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Upcoming meetings:
QIC Outcomes Work Group:
Aug. 29, 2000, 10:00 AM – 3:00 PM,
Sacramento Airport Host Hotel, American Room

Children's Task Force:
Sept.1, 2000, 10:00 AM – 3:00 PM,
Sacramento Host Airport Hotel, American Room

Violent Crime Victimization of Dually Diagnosed Clients

Dually diagnosed clients are far more likely to be victims of violent crime than either the general U.S. population or adults with severe and persistent mental illness that are included in the California Adult Performance Outcomes System. Dually diagnosed clients are those who have a severe and persistent mental illness along with co-occurring substance abuse disorder. Data from the recently completed interim report on the Dual Diagnosis (DD) Demonstration projects is the basis for this finding.

The California Quality of Life (CA-QOL) instrument is administered to clients in the DD project at admission, and every six months thereafter. A section of the CA-QOL dealing with Legal & Safety issues asks clients if they have been a victim of a violent crime within the last 30 days. Sixty-five clients out of a total of 337 answered "yes," they were a victim of a violent crime within the last 30 days. To convert this number into a rate per 1,000 people, we divide 65 by 337 and then multiple the product by 1000. We get a rate of 192.9 violent victimizations per 1,000 people per month.

By way of comparison, we can look at the National Crime Victimization Survey (NCVS) for 1998 (the last year for which data are available). These data are collected annually based on data derived from a continuous survey of a representative sample of housing units in the United States. Note that the questions concerning victimization are not the same in the NCVS data and the CA-QOL, they are worded differently. Nonetheless, the NCVS data do provide a reasonable basis for comparison. NCVS reports a victimization rate of 36.6 persons per 1,000 population per year. To get a monthly rate, we divide this rate by twelve, which yields a monthly rate of 3.1 victims of violent crime per month. This suggests that dually diagnosed mentally ill adults are victims of violent crimes 62 times more often than the general U.S. population!

For another comparison we can look at responses to the CA-QOL given by adults with severe and persistent mental illness (SPMI) in the Adult Performance Outcome System. These data suggest that SPMI adults are victims of violent crime at the rate of 58 violent victimizations per 1,000 SPMI. The rate of 58 violent victimizations per 1,000 is still larger than the US general population rate of 3.1 per 1,000 general population.

Thus, it appears that adults with severe and persistent mental illness are more likely to be victims of violent crime than the general U.S. population (58 vs. 3.1 per 1,000 pop), and that the dually diagnosed are especially vulnerable to violent victimization, at the stunning rate of 192.9 per 1,000 DD population. For further information, please contact:

Candace Cross-Drew (916) 653-4582
ccross@dmhhq.state.ca.us.

Update on Children's Performance Outcomes

Spotlight on the Client Living Environment Profile (CLEP)

After examining data submitted to the Child and Youth Performance Outcome System, it has become evident that there is a bit of confusion regarding the administration of the CLEP instrument. A particular misconception that has been discovered surrounds the idea that the CLEP is required to be administered for a client every time the client's living situation has changed. This administration procedure has led to an excessive number of CLEP records being submitted for individual clients.

Although individual counties may wish to administer a CLEP for reasons such as client tracking, quality improvement, etc., the State only requires that a CLEP be administered at intake, annually (or mid-treatment) and at discharge. The State Department of Mental Health is interested in collecting data on the client's "Current" and "Predominant" living situation for one year prior to the CLEP administration. Therefore, it is requested that *only* the data collected from an intake, annual (or mid-treatment), or at discharge be submitted to the Child and Youth Performance Outcome System.

For further information or questions regarding the administration of the CLEP, or any other Child and Youth Performance Outcome System instruments, please reference the Department of Mental Health website at www.dmh.ca.gov or Brenda Golladay at (916) 654-3291 bgollada@dmhhq.state.ca.us.

A Quick Thought On Reports…
The State Department of Mental Health (DMH) Child and Youth Performance Outcome System recently released reports on cumulative data submitted through April 20 summarizing county data, and providing comparative regional and

statewide summary data for each of the five instruments being administered (CSQ-8, CLEP, CAFAS, CBCL, & YSR). These reports were mailed out to each county's Director, while notification letters were mailed to county contacts

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such as Children's Coordinators, Child Evaluators, and Quality Managers. County staff who are interested in these reports should contact their county mental health director to obtain a copy. In the near future, after all the data collected from 1/1/2000 to 6/30/2000 is received and processed by DMH , there will be two fiscal year reports (for 7/98 - 6/99 and 7/99-6/00) that will be generated and sent to counties.

As a result of some of the difficulties encountered when distributing reports to county staff (e.g., staff turnover, differential position titles, etc.), Department of Mental Health (DMH) Research and Performance Outcome Development (RPOD) staff are currently working on procuring and implementing technology that will allow for electronic reports to be posted to the ITWS. The goal is to have the ability to convert the reports to an Adobe Acrobat ".pdf" format that can be easily downloaded from the ITWS. RPOD staff will be sure to inform county staff if/when such a procedure will be implemented.

NEW FEATURE:
Download Your County's Clean *and* Error Files from the DMH ITWS!

Recently, RPOD implemented an automated data import procedure that eliminates duplicate client records, removes records with no scale scores, and removes records for clients with birth dates that indicate an adult age. Other types of errors are flagged but the data record remains in the clean data set. County "clean" data tables (e.g., kidscfs.zip) and error tables (e.g., cafaserr.dbf) have been generated and are available in each county's file via the Bulletin Board System (BBS) or Information Technology Web Services (ITWS) http://www.dmh.cahwnet.gov/itws/default.htm. The tables can be imported into most database or spreadsheet programs. The zipped files require entry of the county's unique password and the use of PKWARE software to open. For information regarding obtaining access to either the ITWS or the BBS, please contact the Department of Mental Health Information Technology Division Help Desk at (916) 654-3117. For questions regarding the actual data tables, please contact Brenda Golladay at (916) 654-3291, bgollada@dmhhq.state.ca.us.

Data Submission Reminder!

The 2nd Semi-Annual data submission for the Child and Youth Performance Outcome System, covering the time period of January 1, 2000 to June 30, 2000, was due to the Department of Mental Health by August 15, 2000. For any questions or concerns regarding this deadline, please contact:

Brenda Golladay at (916) 654-3291
bgollada@dmhhq.state.ca.us

Update on Adult Performance Outcome System

The Adult Performance Outcome System has now completed its first year of implementation. As of July 17th, a total of 54 counties (92%) have transmitted Adult Performance Outcome data to DMH.

- Counties that successfully submitted 4th quarter data in a timely fashion and with minimal errors (no major formatting or coding problems) will be notified that they can switch from quarterly to semi-annual reporting. A letter will be sent to the Mental Health Director of these counties confirming that their county can now submit data on a semi-annual basis (next due date January 16, 2001).

- Counties still experiencing problems with their data coding or formatting or data transmission or that failed to submit 4th quarter data in a timely fashion, must maintain the quarterly reporting schedule (next due date October 16, 2000). DMH staff will continue to work with these continues to assist in resolving their problems.

As noted on the bottom of the Supplemental Client Information Face Sheet, information from this form is only required until the Client Services Information (CSI) database system is operational and a county is current in meeting its CSI reporting requirements. There has been some confusion as to the meaning of "current". Although a large number of counties have been approved for submission of production data, at this point there are only four counties actually current in their reporting. Once a county is up-to-date in their CSI reporting, information from the Supplemental Client Information Face Sheet will
be obtained directly from the CSI database. The process for obtaining this waiver is for a county to inform Traci Fujita that they are up-to-date with CSI. She will confirm this information with the CSI Unit
and then send a waiver letter to the county.

Traci Fujita (916) 653-3300
tfujita@dmhhq.state.ca.us

Update on Older Adult Performance Outcome Pilot

- The Older Adult Committee continues to discuss criteria that should be used for selecting instruments to recommend for the Older Adult Performance Outcome System. At the July 20th meeting, the committee reviewed a draft of first administration results and discussed how they
can be best presented in the final report. Two packets of material were reviewed:

  - First administration demographic results presented by ethnicity, diagnosis, and gender, and
  - First administration instrument results.